

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>TH</i>	<i>789</i>	<i>4/10</i>
O.I.P.E. CLASSIFIER		<i>72</i>	<i>4/11</i>
FORMALITY REVIEW	<i>CIP</i>	<i>10/10/05</i>	<i>4-5-10</i>
RESPONSE FORMALITY REVIEW			<i>4-22-05</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral).... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
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9	✓	✓	
10	✓	✓	
11	✓	✓	
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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